

Before the investigation is finished we hope to see an explicit set of rules promulgated by the county authorities that will clearly demark, in compliance with provisions laid down in the State law, the following:

The type of citizens who are eligible to admission and the type to be excluded in the Los Angeles County Hospital;

A more equitable fee table for County Hospital hospitalization charges, and the adoption of a system in which the patient or a legally responsible relative will be told, at the time when the patient is admitted, concerning the ward rates per day and possible accessory costs of hospitalization care.

Cessation of, shall we say, what is almost a dishonest practice of the County in giving the impression to these indigent sick persons that the bills are for professional care;

And to bring about also a somewhat kindlier follow-up system in the Hospital's bill-collecting methods.

Many other matters, each worthy of a separate text, might all be brought forward for consideration, and these may be discussed in the future.

945 Roosevelt Building,
727 West Seventh Street.

ADDENDA

LOS ANGELES COUNTY HOSPITAL: SOME SELF-EXPLANATORY LETTERS

In the February issue of *CALIFORNIA AND WESTERN MEDICINE*, on pages 73 and 97, certain procedures in vogue at the Los Angeles County Hospital for some time past were discussed and admission requirements and other matters criticized. Supplementary to last month's articles, and comment on page 156 in this issue, the following letters, presenting an interesting story, are taken from a large number received after the above referred to articles were commented upon in the daily papers:

* * *

[An Opinion of the Legal Counsel of the Associated Hospitals of California, with Special Reference to the Appellate Court Decision in the Kern County Hospital Case]

(COPY)

Los Angeles, California,
February 14, 1938.

To the Board of Supervisors
of Los Angeles County,
Los Angeles, California.
Gentlemen:

The undersigned are the attorneys for the Association of California Hospitals. This Association represents the interests of the private hospitals of the State of California.

We understand that there is pending before your honorable board, or a committee thereof, among other things relating to the Los Angeles General Hospital, two questions:

1. The type of patients admitted at the General Hospital; and
2. The matter of the accounting system involving billing and liens.

As to the first, the case of *Goodall vs. Brite*, 11 Cal. App. (2d) 540 (decided January 30, 1936),* establishes certain principles:

That there are three classes of persons who may claim the right to be admitted to the Hospital:

1. Indigents.
2. Persons of some means, but not sufficient to pay for maintenance in a private hospital after providing for those who legally claim support.

3. Emergency cases, regardless of the ability to pay.

The decision, of course, is definite that persons who are able to pay should not be admitted, and that due inquiry and investigation should be made to ascertain the facts. We assume that the Board of Hospital Management has conformed its practice to the principles laid down in this case. We also assume that the Board of Supervisors, in conformity with Sections 2576, 2600, and 2603 of the Wel-

fare and Institutions Code, has established regulations in respect to the amount of property and the income, and the obtaining of liens upon property of patients falling within the second classification above set forth.

In regard to the matter of accounting, and particularly billing patients entering the County Hospital:

As to persons falling in Classes 2 and 3 above, no particular question is presented. Obviously, the hospital management should bill and attempt to collect from persons falling within these two classes. In regard to indigents having no present property, we find no requirement in the statute that they should be billed. We recognize, of course, that under Section 2603 the county has the right to recover a reasonable charge for services rendered if the person should at a future time acquire property. We assume that this section is the basis for the existing practice of billing indigents. As a practical matter, some considerable cost is involved in billing a class of patients from whom no return can be expected, and it would seem soon enough to go to the accounting and billing expense when the management has reason to believe that the patient has property or income from which payment can be made or collected. We do not believe that the taxpayers should sustain the cost of an expensive accounting and billing system in regard to all of the indigents, when as a matter of fact in only a very small percentage of cases will the county be able to collect anything. We believe it proper to consider the effect upon the needy if they are billed and pressed to pay. To emphasize this feature may engender the belief that the social function and service is secondary, and that collection is the primary concern.

1175 Subway Terminal Building,
Los Angeles, California.

Yours very truly,

MUSICK AND BURRELL.

By Howard Burrell.

* * *

[Another Legal Opinion, from a Lawyer Friend, in Which Comment Is Made on the Interpretation of the Appellate Court Decision in the Kern County Case]

(COPY)

"Dear Doctor:

"What is published as the decision or opinion of the court is made up of two parts: First, a statement by the court of the essential facts of the case as presented by the parties, with comments and reasoning of the court pertaining to them. Second, the judgment of the court. It is the judgment of the court that tells the parties what they must and what they must not do.

"In the present instance, the judgment of the court is found in the eighth section of the published decision, in two paragraphs, each beginning: 'It is therefore ordered, adjudged and decreed.' The first of these paragraphs orders the defendants in this case to desist from admitting to and receiving as patients of the Kern General Hospital any person who, after due inquiry and investigation, is not found to be 'an indigent person' as defined in the decision, except under certain circumstances stated in the judgment, under which a non-indigent person may be admitted; or 'a dependent or partially dependent person in case of emergency, or who is found, after due inquiry and investigation, to be a person who is himself, or has a relative or relatives legally liable for his support, able to pay for and obtain proper and necessary medical or surgical or hospital care or treatment or services for himself elsewhere than in the county hospital' except as otherwise specified in the judgment. The judgment specifically defines certain classes of persons who should be admitted, including 'an indigent sick or dependent poor person' and 'a needy sick and dependent or partially dependent citizen in case of emergency.' I have underscored 'in case of emergency,' not because it seems to have any specific applicability to the controversy in which you are now engaged, but to call your attention to it as being obscure in meaning in its present setting.

"Certainly, nothing in the judgment of the court even suggests to a reasonable person any obligation on the part of the defendants to collect from indigent persons or dependent or partially dependent persons, anything whatsoever.

* Editor's Note.—The full Appellate Court decision in the Kern County Hospital case is printed in full in *CALIFORNIA AND WESTERN MEDICINE*, February, 1938, on page 106.

"What the court did say was:

In their rules of admission they [the Board of Supervisors] should have the power to provide for the payment for care by those not financially able to secure hospitalization in a private institution, the amount to be paid to be determined to its maximum by the cost to the county of hospitalization of each individual patient and charged to the patient on his ability to pay.

"One who is inclined to quibble might claim that the phrase 'the amount to be paid to be determined to its maximum by the cost to the county of hospitalization of each individual patient and charged to the patient on his ability to pay' is separate and distinct from the clause in the same sentence that 'they (the Board of Supervisors) should have the power to provide for the payment.' Any such construction, however, unless there is some question of the legal authority of the Board of Supervisors to provide for payment, would clearly leave meaningless the statement in the opinion of the court that the Board of Supervisors, in their rules of admission should have the power to provide for payment. The court does not say power to *compel* payment, but power to *provide* for hospitalization of each individual patient should be 'charged to the patient on his ability to pay' it clearly implies that if a patient has no ability to pay, nothing should be charged to him, that if he is able to pay, say \$1 or so a week, only that amount should be charged to him and to the extent that such a patient is able to pay only less than the entire cost of hospitalization in *his own particular case*, the Board of Supervisors should in their rules of admission provide for payment of the balance. Of course, here I come back to a clause that I have stated above, which makes this reasoning dependent on the legal authority of the Board to use public funds to pay the cost of hospitalization of totally indigent persons and the balance of the cost of hospitalization of persons able to pay only in part for the services rendered. Such authority seems to be clearly implied in the opinion of the court. . . .

"Personally, it looks to me as if the Board of Supervisors, . . . the defendants in this case, had any thought that the judgment of the court was in any way obscure, the proper course would have been for them to have applied to the court for instructions. The fact that they have elected to charge persons for services amounts that they knew such persons would never be able to pay, and the fact that they have under the pretended cover of a court order spent public money in efforts to collect accounts which they knew were uncollectible, without asking further instructions from the court, would seem to me, in view of the clarity of the court's decision and judgment, to come very near to exposing them to punishment for contempt of court."

* * *

[Letter from a San Francisco Colleague]

(COPY)

San Francisco, February 15, 1938.

Dear Doctor:

The profession of the State of California owes you a debt for the amount of work you have put in, in attempting to straighten out the whole subject of county hospitals, by taking up the situation in Los Angeles.

According to the decree of the Appellate Court, Fourth District, confirming the opinion of Judge Van Zante, public hospitals in California cannot hospitalize non-indigent patients. As a matter of fact, at least thirty of them do so, and the abuses incident to this have led to a strong feeling on the part of Farm Bureaus, whose bill before last year's legislature, to open the county hospitals to everybody, was the result. I was asked to speak before the National Farm Bureaus in Pasadena the spring before, but to avoid the subject of the county hospitals. This latter I declined to do, because I felt that the Farm Bureaus were going at the thing in an entirely wrong way. We have not quite one county hospital to each county, but of the fifty-seven hospitals only sixteen are Class A, and four are Class B. Most of the rest are scarcely decent, and some of them are a disgrace to modern civilization. They are unworthy of the name "hospital."

In view of the fact that county hospital construction is passing through the same evolutionary stage that public school construction is passing through in this State, and

we point with equal pride to some of our magnificent county hospitals as well as our public schools, I think it is fair to follow the possible developments ahead a little, and examine the subject carefully to see if the time has not come when the county hospitals should all be raised to Class A or B standard, and the situation which holds in the Buffalo General Hospital be made to apply. Furthermore, these hospitals could then become the health centers for the counties, which in all but the large cities are indispensable. In Buffalo the Public Welfare Board, and not the Supervisors, determine who shall be admitted to the hospital, and what that individual shall pay, if anything. He has the right to be cared for or operated upon by his own family physician. What he pays for his bed is a matter of record with the Commission, but what he pays his doctor is entirely between the doctor and himself. In this way when patients are embarrassed for money to meet emergencies they can still be dealt with as independent factors in the community, and not as paupers or indigents. They are not subject to the care of such glorified collection agencies as have been brought into operation in a number of our cities, and the feeling on the part of the doctors that they were rendering a charitable service to the people.

There have been objections to the Government entering into medicine at all, but I think that is felt mostly by unthinking physicians who would be loath to do without Government standardization in much that pertains to medical education, drugs, and a great deal that enters into successful practice.

Six years ago the Committee on the Costs of Medical Care called attention to the fact that, of the 3,078 counties in the United States, over 1,000 had no county hospitals, to say nothing of the extremely poor standards of many then in existence. An opportunity was presented at that time, during the depression, to seek Government aid in a health program, to secure loans for suitable county hospitals, with the provision that they be operated under standards which a department of public health would lay down. The Government could not have used its project policy to greater advantage than to supply first-class county hospitals where they were needed. The Committee on the Costs of Medical Care showed that 73 per cent of the hospital beds in the country were tax-supported, and the rate of increase was over one per cent a year. In San Francisco, since that report, there have been over 1,500 new tax-supported beds put into use—in the Marine Hospital, the Veterans Facility, the top floor of the San Francisco General Hospital, and in the new hospital for the insane and cancer cases. This is an example merely of how surely the need for hospitalization is being taken over as a Government function.

It seems quite clear that the day of the private hospital is about over, as are private schools. A few will always exist and they will serve a good purpose, but steadily the work of each community will be done more and more in the large hospitals which are mainly supported by tax funds. Teaching hospitals will always exist. Heavily endowed religious hospitals are likely to continue, and such hospitals as our Southern Pacific Hospital for the care of industrial cases, will inevitably go on, but we should make the use of the beds in the tax-supported hospitals available to the public at large, and they should certainly be of use to the taxpayers. Your \$18,000,000 County Hospital in Los Angeles, with its additional millions in equipment, presents a problem that might be applied to every community. It is a dreadful thing to the great working class to realize that 300,000 Mexicans and 60,000 negroes, who pay little or nothing in taxes, can be taken in, where a small wage-earner with his large family is ruled out. May I call your attention to the statement on page 9 of Los Angeles County's publication on budgets, to the effect that in that county a man with a wife and two children, earning \$60 a month or less, is entitled to care in the hospital, but if he earns \$61 he and his family are not entitled to it. I do not believe that that fact is known to the physicians in Los Angeles County, and I do not believe there is a single one of them who wants to earn any of that family's money which must go for rent, food, clothes, etc.

909 Hyde Street.

Very truly yours,

PHILIP KING BROWN.

[Letter from the East]

(COPY)

AMERICAN MEDICAL ASSOCIATION

Chicago, February 16, 1938.

Dear Doctor:

I have been much interested in the material that you have sent me pertaining to the hospital situation in Los Angeles. . . .

I have some very definite convictions about hospitals and hospital management, and one of them is to the effect that few hospitals with a capacity exceeding four or five hundred beds can be run economically or with the greatest possible efficiency. I believe that the excess machinery that is necessary to operate a tremendous institution sooner or later creates complications of very serious nature, and I do not think that dangers of this nature are at all reduced when the big institutions are owned and controlled by governmental agencies.

With most cordial good wishes, I am
535 North Dearborn Street.

Very truly yours,
OLIN WEST, M.D.,
Secretary and General Manager.

* * *

[Experience of a Long Beach Physician]

(COPY)

Long Beach, California,
February 14, 1938.

My Dear Doctor:

I have read with much interest some of your comments on the conduct of "Outdoor Medical Relief" and other charity work, both in and outside our County Hospital. I want to commend your stand in these matters. This whole county relief program has violated many of the fundamental principles of aid to the truly indigent. Its beneficiaries are the vast army of salaried employees. That department has become a veritable stench in the nostrils of honest men, both among the taxpayers and our profession.

Personally, I had little or nothing to do with this service until after the earthquake, when my Long Beach offices were wrecked and I took temporary quarters with one of my friends and opened a clinic in a building in Wilmington. Almost immediately I was asked by the doctors of San Pedro and Wilmington to take care of indigents (eye, and ear cases), referred by the Department of Outdoor Relief, at San Pedro and about the harbor region.

Very soon I discovered their rolls were being padded by dozens of able-bodied adults willing to take free medical care because the indigent "Joneses" were getting their free. I remonstrated with the head of Outdoor Relief and attended one of the so-called staff meetings at San Pedro, which was addressed by three county agents who came to tell the Harbor District doctors that their medical care was costing the taxpayers too much, and that county funds were rapidly being depleted; that whereas \$1,250,000 had been asked for, only some \$900,000 had been allowed by the Board of Supervisors. When I asked why there was not some way of cutting down the overhead of the salaried group, they answered that this could not be done until at least 40 per cent of the present load was lifted. When I pushed the question as to why the load was not being reduced by the social workers, the meeting broke up and we had no further answers to questions. I then notified them to send to me no more able-bodied men and women for free medical care unless the case was an emergency. To this they paid no attention. Then I notified them again and began turning back such patients to them, only to find they were referring the same patients over to other physicians.

I then sent a similar letter to each member of the County Board of Supervisors. One of these reached Rex Thompson, who promptly wrote me demanding proof of my charges. I replied that I would be glad to furnish proof aplenty before the Board of Supervisors at any time he or they desired the matter openly discussed. To this he made no reply. However, within a week two hundred workers in his department were let out, but the system has not been very much changed, so far as I can see, and every now and then some big double-fisted oil worker, who has been employed at \$8 a day, slides into the line at San Pedro

and gets an order to come to the county service here. It is our rule to give them emergency care or fire them back with a letter demanding that such imposition on the taxpayers and the medical profession be stopped. These letters never receive any attention in the way of a reply. They evidently do not want to have the system disturbed.

So I regard your protest as both timely and very much to the point. If social service in this work amounts to anything and served the purpose for which it is intended, there would come at least a partial cure of these evils, some of which your letter has brought to public attention. I hope you will officially and otherwise keep this question in the public eye, and I will help you all I can to drive out the graft in this whole system and make the taxpayers' money go where it should go—to pay for needed medical services both in and out of the County Hospital, to the truly indigent.

360 Juniper Building.

Yours very truly,

FRANCIS L. ROGERS, M.D.

* * *

[Letter from a Santa Monica Physician, and Reply]

(COPY)

SANTA MONICA HOSPITAL, INC.

Santa Monica, California,
February 16, 1938.

Supervisor McDonough,
Hall of Records,
Los Angeles, California.

Dear Sir:

I have noted in the public press that you are heading the committee in regard to County Hospital affairs and have thought that you might want to get the ideas of executives of some of the private institutions in regard to the present controversy.

In my opinion, it is of a great deal of value to private institutions to have the county bill patients for the amount of their hospital care while in the institution. In my opinion, it is perfectly proper that even the indigents should know the approximate cost of what the taxpayers are giving to them. It makes the people of the county conscious of hospital costs, and I am sure we have less complaint about the costs in private hospitals when the costs in public hospitals are known.

To what extent the county shall go in attempting to collect these bills is, of course, a matter of wide difference of opinion. No doubt that when patients are well social serviced before admission to the County Hospital the amount of recovery through collections will be small. However, the knowledge that the county is going to make an effort to collect when the person's condition is such that they can pay, will act as a marked deterrent to people who are trying to get something they are not entitled to have. I believe that both the medical profession and the private hospitals are being benefited by an honest effort to collect bills from county hospital patients. It makes the patients more willing to try to take care of their obligations in private institutions, both to the institution and to the doctor caring for them.

If a real desire exists to try to reduce County Hospital costs, then it might be well to investigate costs incurred at the hospital by what may easily be an excessive amount of both diagnostic and treatment procedures made use of by the staff because it is a public institution.

I have no factual knowledge as to these costs, but from general information I think much might be done there to lessen the cost to the taxpayer. It is my great desire that we shall have a County Hospital second to none and that it shall give the indigents all that they need and are entitled to.

Very truly,

W. S. MORTENSEN, M.D.

* * *

SANTA MONICA HOSPITAL, INC.

Santa Monica, California,
February 16, 1938.

Dear Doctor Kress:

The above is a copy of a letter which I have sent to Supervisor McDonough and expresses my opinion in regard to the present controversy.

I feel that this is a matter that should be carefully considered.

Very truly,

W. S. MORTENSEN, M.D.,
Superintendent.

February 17, 1938.

Dear Doctor Mortensen:

Thank you for sending me a copy of your letter of February 16 to Supervisor McDonough.

If you will read carefully the article on page 97 of CALIFORNIA AND WESTERN MEDICINE, I think you will note, as for instance on page 102, that I also believe in submitting bills to partly indigent (medically indigent) patients, and I would let these patients receive their bills while they were in the Hospital, just as you present your statements to your patients in the Santa Monica Hospital.

As regards billing of indigents, General Counsel Peart of the California Medical Association is of the opinion that an indigent is entitled to hospitalization service at public expense.

Reference to page 108 of the February issue, item 5, about the twenty-fifth line, you will find this explicit statement in the Kern County decision: "It is admitted that a resident pauper must be hospitalized at public expense."

When it comes to sending such an individual a bill, it is my opinion that, as I stated to the conference committee on Monday morning in the office of the Board of Supervisors, such statement could be sent in the form of a courteous letter somewhat as follows:

Dear Sir:

This is to remind you that during the period ——— to ——— you were a patient in the Los Angeles County Hospital. The hospitalization given (board, room, and nursing) made it necessary for the taxpayers of Los Angeles to expend the sum of \$——— for your care during the aforesaid period. There was no charge for the professional services of attending physicians and surgeons, who donate their services to the sick poor.

It is our hope that you will recognize that this is an obligation on your part and that in due time, if your means permit, you will make an effort to pay the County of Los Angeles in whole or in part for the services above rendered.

Very truly yours,

DEPARTMENT OF CHARITIES, COUNTY OF
LOS ANGELES.

By _____

I am of the opinion that when you look into this matter as fully as I have, you will find that you have very little difference of opinion on some of these fundamental issues.

With best personal wishes, as always,

Cordially yours,

GEORGE H. KRESS, M.D.

[Letter from a Los Angeles Physician]

(COPY)

Los Angeles, February 18, 1938.

Supervisor Gordon L. McDonough,

501 Hall of Records,

Los Angeles, California.

My dear Mr. McDonough:

I want to report another victim of the abominable system used at the County Hospital, about which you see so much in the papers.

I have a patient, Mr. (name), an honest, reliable truck driver, who had a very severe bowel infection and a number of abscesses around the rectum. He had been sick for some time before I saw him and had had several operations, using up all his savings. I operated upon him on January 25, 1937, and have taken care of him ever since, for which, altogether, he has paid \$15.

Last summer it was necessary to have some x-ray pictures taken, for which he was unable to pay. He was also under the care of Dr. E. L. Armstrong, who suggested that he go to the General Hospital for the x-rays and check-up, and he was given a letter to the hospital stating he was unable to pay anything.

When Mr. (name) entered the hospital there were many people in the admitting office, all of whom were asked to sign a printed form, but when he presented Doctor Armstrong's letter he was admitted without signing anything, so he assumed there would be no charge. He was in the hospital two weeks.

He had been home a short time when a representative of the hospital came with a bill, charged at the rate of \$4 a day. As he had no money the representative asked to see his insurance policy, saying they would keep it at the hospital but he could get it whenever he wished. Mr. (name) was asked to sign a form allowing the hospital to collect the \$20 payable monthly on the policy, but this he refused to do, stating he needed the money to live on. He did, however, sign the form with this phrase crossed out. However, a short time later the representative again called stating Mr. (name) had signed the wrong form and asked him and his mother to sign another form, which they did.

The first of the month, following this last visit, the insurance check did not arrive and, on checking with the company, Mr. (name) was advised that the check had been sent to the hospital. He called the hospital and insisted he needed the money, which they agreed to send to him. After approximately three weeks, or on December 22, they sent their check for \$20. In January they sent their check on the 26th to cover money they collected on the first. They, therefore, kept the money almost a month before sending it to the patient, and they are now nearly a month behind again.

Now I call this a rotten system, as the County Hospital is supported by the taxpayers for the benefit of the indigent, and if this boy is not an indigent and a victim of circumstances, I do not know of any.

As a doctor, taxpayer, and voter, I hope the Supervisors will do something to correct this condition.

Yours very truly,

WILLIAM H. KIGER.

[Samples of Letters Received from Former Patients of the Los Angeles County Hospital]

(COPY)

Los Angeles, California,

February 9, 1938.

Dear Sir:

I have just finished reading your statement regarding the Los Angeles County Hospital, and wish to extend my congratulations to you in bringing this matter to the attention of the public. This insidious evil, cloaked under the guise of charity, is indeed a reflection on our city, county, and state.

Several years ago my wife, who was at that time a widow, supporting two children and an invalid mother through her own efforts and without any outside assistance whatever, was compelled, through lack of finances, to place her mother in the county hospital for treatment. I, myself, visited her mother before our marriage, and I was very much impressed with the lack of care and attention which she received while there.

Later, after our marriage, it became necessary for my wife to undergo a serious operation, for which I arranged to be performed at the Methodist Hospital. The difference in the service and attention she received there could not even compare with what her mother received at the county hospital, yet the daily rate was considerably less than that charged for her mother, who is now deceased, and for whose care she recently received a bill for the sum of \$199. The itemized bill includes charges for clinical visits, and x-rays which she was given without her knowing what it was all about, as she was Italian and could not understand English. Furthermore, she was told to return to the clinic weekly and was not informed that there would be any charge for this service or what the charge would be. If this is justice, I do not see why I cannot dump a load of manure on the grounds of the county hospital and later charge whatever I may want to for same, although it was not ordered. Neither were the x-rays, etc., claimed by the hospital, ordered. Furthermore, it certainly seems to me that an institution that was originally built out of the taxpayers' money, and is exempt from taxes, and also receives approximately 21 cents from every dollar of tax receipts, plus the purchase saving that a county institution can make, should be able to operate much cheaper than a private institution that has to contend with all of the above, plus yielding a fair profit for its investors.

Well, at least I have gotten that off my chest. Should you be interested in further details regarding my wife's mother's case, I will be more than glad to furnish you with complete data on same.

Thanking you again for your fortitude in expressing an opinion that, I am sure, is shared by a great majority of the citizens of Los Angeles County.

I wish to remain

Sincerely yours,

(Name)
(Address)

* * *

(COPY)

Los Angeles, California,
February 10, 1937.

Dear Sir:

The article printed in the Los Angeles Times, "Hospital Cost Inquiry Slated," concerns me very much.

On (admission date) I brought my boy to the Los Angeles County General Hospital with infantile paralysis. He was discharged on August 13, for which I received a bill for \$153.72. At the time, my husband wasn't earning enough to support the family with food and shelter. Not being able to pay, I was asked to surrender his insurance policy, which has been borrowed on to keep from lapsing. When I asked to have time to inquire about signing it over to the county, I was told that the treatments would be stopped. Naturally, I signed it over quick.

It seems to me we could have gotten service for that or a lot less in a private institution.

I hope this letter could be of some help to you in this investigation, and in the future help a lot of unfortunates.

Very truly yours,

(Name)
(Address)

* * *

(COPY)

Los Angeles, California,
February 18, 1938.

Dear Sir:

My wife was pregnant, so went to the White Memorial for prenatal care. She made one visit and was told she had high blood pressure and that she must go home and stay in bed, which she did, the doctor coming out several times a week to see her. Her blood pressure went up to 210. As I was unemployed and could not afford to pay for her treatment, she was sent to the General Hospital as an emergency; that was on October 19, 1937. Three days later the baby had to be taken, as my wife had toxemia. The baby died on October 27, five days after birth. My wife (name) was discharged from the hospital on November 1, 1937, which made her stay in the hospital thirteen days. A week later a man called at my home from 434 South San Pedro, Room 210, asking for my wife's insurance policy, or she couldn't get any more treatment from the hospital. He stated it was the law of California for them to hold the policy until all payments had been made. I told him I wanted to pay my bill and would make payments as soon as I was able, but would not surrender the policy.

Dr. (name) from the Clinic ordered my wife in the hospital for a kidney treatment, and was to stay in the hospital for one or two nights. She had a bed-waiting list and was told to come in January 9, 1938. Upon arrival at the hospital the social worker refused to let her enter the hospital because of my refusal to give them the insurance policy. I told them I was on relief, and I still am on relief, and my wife is sick with kidney trouble and high blood pressure and I can't afford to pay a doctor. Now, my wife's bill for thirteen days is as follows:

October 19 to November 1, 1937—Obstetrical ward (adult), thirteen days at \$4.46—\$57.98.

Operative—Normal delivery—\$31.23.

October 22 to October 27, 1937—Obstetrical ward (infant), five days at \$1.00 per day—\$5.00.

October 27, 1937—Mortuary service, \$2.91—\$7.91. \$89.21
7.91

\$97.12

This may help you understand my case. Thanking you, I remain

Yours truly,

(Name)
(Address)

(COPY)

Los Angeles, California,
February 9, 1938.

Dear Doctor:

I noticed the article printed in the *Daily News*, February 9.

I took my wife, Mrs. (name) to the General Hospital on January (date). She had pneumonia, and is still there. She told me that they had made her sign away every right in the world, and she didn't know what it was all about. At that time she was delirious most of the time and didn't know or care what she was doing. If they would just leave her alone.

Yours truly,

(Name)
(Address)

* * *

Sunday, February 20, 1938.

Dear Doctor:

Am writing you to tell you how much I appreciate the fight you are putting up for the poor people who are compelled to go to the County Hospital for aid, and they go there because they haven't the means to go anywhere else.

My husband had cancer of the larynx. He became so violently ill one night, so I had to call the ambulance and have him taken to the County Hospital. It was around six o'clock. I sat and waited until 9 p. m. until he was assigned to a ward. The next morning I received a telegram from my husband to come and get him, so I immediately went to the hospital. He told me he lay there from 9 until 2 a. m. and he couldn't even get a drink of water or a match to light a cigarette. I begged him to stay. They put him in a ward with six other patients. It was in the month of July, and the odor was so terrible in that ward, I don't know how he ever stood it; and for this service I am charged \$4 per day. The first bill I received was for \$115. Then when they found out my husband had a little money coming through an estate, they sent another bill in for \$150, charging \$35 extra for treatments and ambulance, and that claim they put in against the estate. They burned his throat so unmercifully that he was worse off than before he went to the hospital, so I brought him home and cared for him. He was in such terrible pain I kept him under morphine until he passed on September 22, 1937.

I lost my job after ten years of service with the May Company just the time I needed it most, so I had to borrow money from a friend, to see me through, and this debt I still owe. By the time I pay funeral, doctor bill, and my friend, there will be very little left, so I feel it very unfair for the County Hospital to put a bill charging extra for all treatments, besides \$4 per day. Do you think it advisable to see the superintendent of the hospital personally and tell him the circumstances, or will I be compelled to pay the bill extended me. I would appreciate hearing from you, and do keep on fighting. I glory in your spunk. Many, many people read your article in the paper and many of my friends called me and they all think you are doing a great work. After all, what is the County Hospital for? The way it's run now is far from being a charitable institution.

There is a lady living at this same address. She went on relief in 1936. They made her sign over everything she owned, which were two lots—one in Compton and one in Harbor City. The valuation on these lots are, at the most, worth about \$200 each. She gets old-age pension now (she's 73 years old) and she had to go to the County Hospital for a glaucoma on her eye. They removed her eye, and I am enclosing a letter which she received which means that her hospital bill will be charged against those lots the county now holds. I went to the county tax office and inquired as to what right she would have as to sale of these lots, and I was told that she would have to pay back every cent she received from the county while on relief, plus taxes, and that means they keep the lots, and this hospital bill is added on, so what chance has any poor devil; in fact, she is paying for all services rendered.

I hope, Doctor, I haven't bored you with all this trouble. You are so grand to take up this fight, and I only hope you will carry on, and you will win out for the betterment of the less fortunate.

Very sincerely,

(Name)
(Address)

Please send back letter enclosed.

(COPY OF DEPARTMENT LETTER REFERRED TO ABOVE)

COUNTY OF LOS ANGELES
DEPARTMENT OF CHARITIESLos Angeles, California.
(Date)Address reply to:
Investigations and Searches,
210 Welfare Building,
434 South San Pedro Street.In re: (name)
Col. File (number)(Name)
(Address)

We have been notified that hospital care was given you from (date) to (date), 1937, at the Los Angeles County General Hospital.

This is not a demand for payment, but merely to advise that the care received is accruing at full cost charge under lien signed by you on (date).

Very truly yours,

DEPARTMENT OF CHARITIES
COLLECTION DIVISIONBy (signed—rubber stamp)
(Name)

Director, Investigations and Searches Section.

(Rubber stamp notation: Important always mention name and number of this account in your reply.)

* * *

(COPY)

(Copy of a memorandum dated February 21, 1938, regarding attached County Hospital statement, brought in by a relative.)

In re: (name and address)

Mr. (name) brought these bills. They have gone back seven years for the bill against Mrs. (name), and two years each for her two children.

She is a widow with six children, and Mr. (name) says she has all she can do to feed and clothe the children.

He also asked if this seven-year bill was not outlawed? A doctor's bill is outlawed in four years; but what about a hospital bill?

[Query.—If the present fee table of the Los Angeles County Hospital became legally operative on July 1, 1937, is there any legal warrant for sending a statement, based on that fee table, to a former patient of several years ago, at a time when present fee table charges were not operative?]

* * *

(COPY)

Statement

File No. _____

Aid advanced to (name)

Address _____

City _____

Aid advanced by LAGGH

Bill to: (name and address)

To County of Los Angeles—Department of Charities, Collection Division.

434 South San Pedro Street, Los Angeles, California.

Date	Description	Charges	Balance
(Inclusive dates)	Infected obstetrical ward (adult) twelve days at		
	\$4.32		\$50.76
(Date)	Ambulance—To hospital.	2.50	
(Date)	Operative—Salpingectomy and oophorectomy	64.60	\$117.86

["Operative," with names of operations, is used as a synonym for "use of operating room." See also notation in February issue, page 106, third paragraph.]

* * *

(COPY)

Los Angeles, California.

February 23, 1938.

Dear Doctor:

I am deeply puzzled regarding this bill, which has been standing for a couple of years. I cannot see why they keep on hounding me. I have written them at least four or five times referring to the same.

In the first place, Doctor, I did not want to be sent to the hospital, and as soon as my arm was set I begged,

daily, to be sent to my home, as I knew that I could not pay the big bill of \$103, and my husband who was, and is yet out of employment was quite able to care for me at home. They insisted on keeping me there, at any rate, in the room with eight other patients, who were on the county and being taken care of. I was not, as I had a small house and was renting rooms for a livelihood in order to keep away from the county care.

At first, when I returned to my home and they kept hounding me, I wrote them and said that I would try to make payments as I could, but I have not been able to do so. Each letter that reaches me makes me panicky, and I am truly frightened to death at being sent to prison or having to be punished for not paying.

In the first place, it is a charity hospital, and three or four or more could not pay or even intended to pay, as they, too, knew they could not do so. When I found the bill sent me I was beside myself, and have written them several times regarding same.

May I ask your advice as to what I should do? I simply have not the means, and am trying my best to keep up and not go to anyone for aid.

I shall patiently await your advice or some word from you, as I do not wish to be dragged to court in this mix-up.

Very kindly, I remain

(Name)
(Address)

* * *

(COPY OF DEMAND FOR PAYMENT WHICH WAS ENCLOSED WITH THE LETTER WHICH PRECEDES)

COUNTY OF LOS ANGELES
DEPARTMENT OF CHARITIESLos Angeles, California,
February 21, 1938.Address reply to:
Collection Division,
Room 210, Welfare Building,
434 South San Pedro Street.Re: (name)
Col. File (number)(Name of above patient)
(Address)

Dear Mrs. (name)

Our last letter to you advised that unless your account was given immediate attention, it would be referred for legal action. Evidently you fail to realize its seriousness, as that letter also has been ignored.

We feel that you should understand your legal liability, so that an amicable settlement can be arranged with this office rather than permitting action by the county attorney.

State law and county ordinance demand action against all persons able to pay, or against their relatives of the degree of spouse, parent, and adult child. The county attorney is required to prosecute such cases to the fullest extent of the law, should it become necessary.

Unless you are fully prepared to defend legal action, we must ask that you communicate with us before February (date). It is our desire to be helpful if you show a spirit of coöperation; otherwise we shall be obliged to follow the above procedure.

Yours very truly,

DEPARTMENT OF CHARITIES
COLLECTION DIVISION
By (name)

* * *

(COPY)

February 10, 1937.

Dear Sir:

No doubt your recent article anent our County Hospital will create hostility among the politicians who usurp the right to control those things purchased with public money and finally, through some quirk of mind peculiar to politicians, come to consider themselves the owners thereof, instead of courteous servants the taxpayers guilelessly expected.

What I have to relate may help your effort to correct abuses that confront poor people who, with faith and gratitude, attempt to avail themselves of the services for which the Hospital was dedicated.

Some eighteen months ago, my wife, suffering from a bad case of prolapsus—a sore having developed on one of the organs, was advised by Dr. (name of physician) to seek treatment at the County Hospital, as we were no longer able to pay for treatment. After a lengthy interview in which we laid bare our previous lives and present condition, against which I do not complain, my wife was admitted and I returned home.

That same evening I was called to come and take her home. I did so, learning that her blood pressure was too high to permit an operation and that she should be treated at the Clinic until her condition was more favorable to correct the cause of her illness. That sounded reasonable. Visits to the Clinic continued for some time, until the pain caused by the pressure, exerted by the prolapsed organs in the pelvic area, became acute, and I had no alternative but to take her back to the hospital. That was on May 1, 1937.

The following day I was told by the attending physician that my wife was a gynecological case, that the bladder had a tendency to tip, backing the urine to the kidneys. The cause being known, I thankfully expected a cure.

To my surprise, my wife was discharged May 17, with no explanation other than that she should resume Clinic treatment. Notwithstanding her weakened condition, these visits were continued, she at first paying 50 cents a treatment, later raised to one dollar per. Later, my wife was advised she was no longer entitled to treatments at the General Hospital and was given a transfer to White Memorial.

By this time, while the sore appeared to have been successfully treated, nothing had been done to rectify the basic cause. Besides, the poor woman had been in suspense for months in fear of cancer, was worn out and despondent. In fact she no longer was in condition to stand the strain of hours of waiting at a clinic. Of course, one realizes that one must take their turn where so many are seeking relief.

Subsequently I received the attached bill for \$64, and on interviewing Mr. (name) (a most courteous man) I was informed that a social worker had reported I had two single adult sons who each had earned \$70 the month investigated, whereas he had been advised that the combined earnings of the two had been that amount.

My wife has suffered grievously through that error. How much more human it would have been to have given us an opportunity for correction of that mistake, instead of arbitrarily discharging a sick and harassed woman!

From then on, my wife lay on a cot, under a tree, at home, with me as attendant.

She being 69 and I, 68, we applied for the old-age pension last August and, while I am told it is still under investigation, we have been granted temporary assistance, the amount for February being \$12.18 for me, \$12.17 for my wife. After rent and utilities are deducted there is not much left to subsist for a month on, especially where the housewife is sick. However, we were given medical treatment, Doctor (name of physician) attending.

On December 28, Doctor (name) considered it advisable to commit my wife to the General Hospital. Again I was subjected to a long interview, notwithstanding the previous file must have been available. At this interview I was asked how much money I had on my person at present. I had exactly 20 cents. Imagine our surprise when nine days later—January 7—my wife was again discharged. She was asked if she had a home to go to, and on the answer to the question, why? (knowing she was not well) was told, "This is not a free boarding house." There are witnesses to that remark. Remember, a physician, acting for the county, sent her to the hospital. Of course, his authority ceased with that action.

My wife is now lying at home, unable to be on her feet but briefly. Doctor (name) informs me he has reported her condition. Apparently it is being regarded as just another report. . . .

There really seems no way for the aged and poor to get by unsympathetic officialdom without some influence. It is a travesty on that beautifully carved inscription that appears above the portal that it should be so willfully misinterpreted by officials who assume now to rule our destinies.

It would really seem that the object is to shunt out those unable to pay to make room for paying patients. The

reason for this I leave to the conscience of those responsible. This is a long recital, Doctor, and I thank you for the patience that has brought you thus far. I am somewhat in despair myself and can but hope that this will help you in your endeavor to correct the injustices and abuses enacted by those in charge, which seem to be contrary to the ideal that inspired the building of our magnificent hospital.

Yours very respectfully,

(Name)

(Address)

P. S.—I am confiding my name and address to you, Doctor, with the request it not be revealed, unless you deem it necessary, to those in whose power it is to exert reprisals, as, whether you believe it or not, I know that punishment will be meted out by those on whose toes you tread—even to the extent of denying us the present abundant living we are enjoying! My wife and I have been married forty-four years, two sons were in France twenty months helping to win the war to end wars, and I worked over for forty-five years for American corporations—and now this! [Three references were also given.]

FOR THE GOOD OF THE CAUSE—IN RE: LOS ANGELES COUNTY HOSPITAL*

At a recent meeting of the general staff of the Los Angeles County Hospital a question was raised which should receive the further and particular attention of this (Surgical) Section.

When the newly appointed statistician concluded his fantastic dissertation on the novel method of accounting about to be instituted in the auditing department, the chairman of the meeting offered certain pungent comments on regimentation of the profession—to the huge delight of most of those present. It is to this question that I would invite your special attention; rather reluctantly, I confess, because some of the observations which I have long felt should be made and discussed openly may not appeal to the powers that be as "for the good of the cause."

A former superintendent of this hospital once said in my hearing, when he was a little peeved by the chance remark of a staff member: "Any attending man who does not approve of the way things are conducted in this hospital, always has the privilege of resigning. There is an average of more than twenty applications for every possible vacancy." Such a statement from such a source makes me fully aware that I may be about to tread on dangerous ground. I insist, however, that my purpose is not to criticize, but merely to point out certain abuses which could be—and should be—corrected.

I yield to no one in admiration for and loyalty to this great institution. I realize the many difficulties attending its administration, and that red-tape tangles and instances of unintentional injustice are perhaps inevitable. But I share the common opinion that the underlying cause of most of the difficulties and injustices lies in the patent fact that the Hospital is, and always has been, the puppet of politics.

A long list of complaints and abuses might be pointed out, but my purpose here is to discuss only one of the most flagrant which especially concerns the surgical staff. That one is best approached by asking a simple question: Why is the Los Angeles County Hospital?

The law declares that its purpose is to provide medical and surgical care for the *indigent sick* of Los Angeles County. By implication, at least, the purport of the law is that no other class than the indigent sick is to be cared for. Everyone recognizes that, in the nature of things, it is not possible for the Hospital to know the exact economic status of all patients at the time of admittance. But a subsequent check-up is always possible, and is regularly made. When it is found that the Hospital costs can be extracted from a patient, the law permits and the authorities demand that this be done. Do the law and the authorities take a similar view of the value of the medical and surgical services rendered when the patient is found able to pay? *They do not.* On the contrary, even though a wealthy patient is

* Condensation of a paper read before the Surgical Section of the Los Angeles General Hospital staff at the October, 1936, meeting by A. B. Cooke, M. D., a senior attending surgeon of more than twenty years' continuous service.